
INCIDENT COMMAND SYSTEM

NATIONAL TRAINING CURRICULUM

ICS FORMS CATALOG



OCTOBER 1994

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PREFACE

Within this ICS Forms Catalog are forms developed by the National Wildfire Coordinating Group (NWCG) for use on wildfires. Over the years they have been modified slightly so that they may be used in other application areas, such as search and rescue, law enforcement, etc.

Evaluate the forms from your particular application area to see if they meet your needs. They are intended as a tool to assist in completing a specific job(s) on an incident and have been proven to be very effective on wildfires.

INCIDENT BRIEFING (ICS FORM 201)

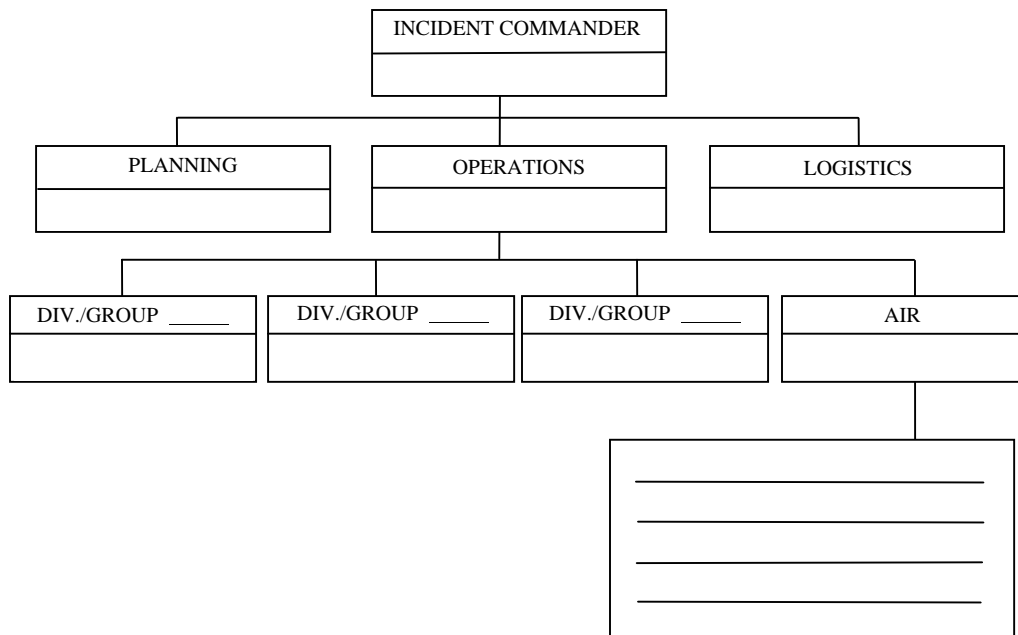
Purpose. The Incident Briefing form provides the Incident Commander (and the Command and General Staffs assuming command of the incident) with basic information regarding the incident situation and the resources allocated to the incident. It also serves as a permanent record of the initial response to the incident.

Preparation. The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing. Proper symbology should be used when preparing a map of the incident.

Distribution. After the initial briefing of the Incident Commander and General Staff members, the Incident Briefing is duplicated and distributed to the Command Staff, Section Chiefs, Branch Directors, Division/Group Supervisors, and appropriate Planning and Logistics Section Unit Leaders. The sketch map and summary of current action portions of the briefing form are given to the Situation Unit while the Current Organization and Resources Summary portion are given to the Resources Unit.

INCIDENT DEBRIEFING	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. MAP SKETCH			
ICS 201 (12/93) NFES 1325	PAGE 1	5. PREPARED BY (NAME AND POSITION)	

7. CURRENT ORGANIZATION



8. RESOURCES SUMMARY

RESOURCES ORDERED	RESOURCES IDENTIFICATION	ETA	ON SCENE √	LOCATION/ASSIGNMENT
ICS 201 (12/93) NFES 1325	PAGE 4			

Instructions for Completing the Incident Briefing (ICS Form 201).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Map Sketch	Show perimeter and control lines, resources assignments, incident facilities, and other special information on a sketch map or attached to the topographic or orthophoto map.
5.	Resources Summary	Enter the following information about the resources allocated to the incident. Enter the number and type of resource ordered.
	Resources Ordered	Enter the number and type of resource ordered.
	Resource Identification	Enter the agency three-letter designator, S/T, Kind/ Type and resource designator.
	ETA/On Scene	Enter the estimated arrival time and place the arrival time or a checkmark in the "on scene" column upon arrival.
	Location/ Assignment	Enter the assigned location of the resource and/or the actual assignment.
6.	Current Organization	Enter on the organization chart the names of the individuals assigned to each position. Modify the chart as necessary.
7.	Summary of Current Actions	Enter the strategy and tactics used on the incident and note any specific problem areas.
8.	Prepared By	Enter the name and position of the person completing the form.
*Note		Additional pages may be added to ICS Form 201 if needed.

INCIDENT ACTION PLAN AND INCIDENT OBJECTIVES FORM

Purpose. An Incident Action Plan documents the actions developed by the Incident Commander and Command and General Staffs during the Planning Meeting. When all attachments are included, the plan specifies control objectives, tactics to meet the objectives, resources, organization, communications plan, medical plan, and other appropriate information for use in tactical operations.

INCIDENT ACTION PLAN

1. Incident Objectives (ICS Form 202)
2. Organization Assignment List (ICS Form 203)
3. Incident Map (top section or sketch)
4. Assignment List (ICS Form 204)
5. Radio Communications Plan (ICS Form 205)
6. Traffic Plan (internal and external to the incident)
7. Medical Plan (ICS Form 206)

Preparation. An Incident Action Plan is completed following each formal planning meeting conducted by the Incident Commander and the Command and General Staff. The plan must be approved by the Incident Commander prior to distribution.

Distribution. Sufficient copies of the Incident Action Plan will be reproduced and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit leader levels.

The Incident Objectives Form (ICS Form 202) is the first page of an Incident Action Plan. The Incident Objectives Form describes the basic incident strategy, control objectives, and provides weather information and safety considerations for use during the next operational period.

INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED									
4. OPERATIONAL PERIOD (DATE/TIME)												
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)												
6. WEATHER FORECAST FOR OPERATIONAL PERIOD												
7. GENERAL SAFETY MESSAGE												
8. ATTACHMENTS (√ IF ATTACHED) <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> ORGANIZATION LIST (ICS 203)</td> <td><input type="checkbox"/> MEDICAL PLAN (ICS 206)</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ASSIGNMENT LIST (ICS 204)</td> <td><input type="checkbox"/> INCIDENT MAP</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)</td> <td><input type="checkbox"/> TRAFFIC PLAN</td> <td><input type="checkbox"/> _____</td> </tr> </table>				<input type="checkbox"/> ORGANIZATION LIST (ICS 203)	<input type="checkbox"/> MEDICAL PLAN (ICS 206)	<input type="checkbox"/> _____	<input type="checkbox"/> ASSIGNMENT LIST (ICS 204)	<input type="checkbox"/> INCIDENT MAP	<input type="checkbox"/> _____	<input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)	<input type="checkbox"/> TRAFFIC PLAN	<input type="checkbox"/> _____
<input type="checkbox"/> ORGANIZATION LIST (ICS 203)	<input type="checkbox"/> MEDICAL PLAN (ICS 206)	<input type="checkbox"/> _____										
<input type="checkbox"/> ASSIGNMENT LIST (ICS 204)	<input type="checkbox"/> INCIDENT MAP	<input type="checkbox"/> _____										
<input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)	<input type="checkbox"/> TRAFFIC PLAN	<input type="checkbox"/> _____										
202 ICS 3-80	9. PREPARED BY (PLANNING SECTION CHIEF)	10. APPROVED BY (INCIDENT COMMANDER)										

Instructions for Completing the Incident Objectives (ICS Form 202).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
		Note: ICS Form 202, Incident Objectives, serves only as a cover sheet and is not considered complete until attachments are included.
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Operational Period	Enter the time interval for which the form applies. Record the start time and end time and include date(s).
5.	General Control Objectives (include alternatives)	Enter short, clear, and concise statements of the objectives for managing the incident, including alternatives. The control objectives usually apply for the duration of the incident.
6.	Weather Forecast for Operational Period	Enter weather prediction information for the specified operational period.
7.	General/Safety Message	Enter information such as known safety hazards and specific precautions to be observed during this operational period. If available, a safety message should be referenced and attached.
8.	Attachments	The form is ready for distribution when appropriate attachments are completed and attached to the form.
9.	Prepared By	Enter the name and position of the person completing the form (usually the Planning Section Chief).
10.	Approved By	Enter the name and position of the person approving the form (usually the Incident Commander).

ORGANIZATION ASSIGNMENT LIST (ICS FORM 203)

Purpose. The Organization Assignment List provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. It is used to complete the Incident Organization Chart (ICS Form 207) which is posted on the Incident Command Post display.

Preparation. The list is prepared and maintained by the Resources Unit under the direction of the Planning Section Chief.

Distribution. The Organization Assignment List is duplicated and attached to the Incident Objectives form and given to all recipients of the Incident Action Plan.

ORGANIZATION ASSIGNMENT LIST		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED																
4. INCIDENT COMMANDER AND STAFF POSITION NAME INCIDENT COMMANDER _____ DEPUTY _____ SAFETY OFFICER _____ INFORMATION OFFICER _____ LIAISON OFFICER _____		OPERATIONAL PERIOD (DATE/TIME)																		
5. AGENCY REPRESENTATIVES <table border="1"> <thead> <tr> <th>AGENCY</th> <th>NAME</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		AGENCY	NAME															8. OPERATIONS SECTION CHIEF _____ DEPUTY _____ a. BRANCH I - DIVISION/GROUPS BRANCH DIRECTOR _____ DEPUTY _____ DIVISION/GROUP _____ DIVISION/GROUP _____ DIVISION/GROUP _____ DIVISION/GROUP _____ DIVISION/GROUP _____ b. BRANCH II - DIVISION/GROUPS BRANCH DIRECTOR _____ DEPUTY _____ DIVISION/GROUP _____ DIVISION/GROUP _____ DIVISION/GROUP _____ DIVISION/GROUP _____ c. BRANCH III - DIVISION/GROUPS BRANCH DIRECTOR _____ DEPUTY _____ DIVISION/GROUP _____ DIVISION/GROUP _____ DIVISION/GROUP _____ DIVISION/GROUP _____ d. AIR OPERATIONS BRANCH AIR OPERATIONS BR. DIR. _____ AIR TACTICAL GROUP SUP. _____ AIR SUPPORT GROUP SUP. _____ HELICOPTER COORDINATOR _____ AIR TANKER/FIXED-WING CRD. _____		
AGENCY	NAME																			
6. PLANNING SECTION CHIEF _____ DEPUTY _____ RESOURCES UNIT _____ SITUATION UNIT _____ DOCUMENTATION UNIT _____ DEMOBILIZATION UNIT _____ TECHNICAL SPECIALISTS _____ _____ _____ _____ _____		FINANCE SECTION CHIEF _____ DEPUTY _____ TIME UNIT _____ PROCUREMENT UNIT _____ COMPENSATION/CLAIMS UNIT _____ COST UNIT _____																		
7. LOGISTICS SECTION CHIEF _____ DEPUTY _____ a. SUPPORT BRANCH DIRECTOR _____ SUPPLY UNIT _____ FACILITIES UNIT _____ GROUND SUPPORT UNIT _____ b. SERVICE BRANCH DIRECTOR _____ _____ COMMUNICATIONS UNIT _____ MEDICAL UNIT _____ FOOD UNIT _____		9. PREPARED BY (RESOURCES UNIT) _____																		
203 ICS 1-82																				

Instructions for Completing the Organization Assignment List (ICS Form 203).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
		An Organization Assignment List may be completed any time the number of personnel assigned to the incident increases or decreases or a change in assignment occurs.
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
	Operational Period	Enter the time interval for which the assignment list applies. Record the start time and end time and include date(s).
4. thru 8.		Enter the names of personnel staffing each of the listed positions. Use at least first initial and last name. For Units indicate Unit Leader and for Divisions/Groups indicate Division/Group Supervisor. Use an additional page if more than three branches are activated.
9.	Prepared By	Enter the name of the Resources Unit member preparing the form. Attach form to the Incident Objectives.

ASSIGNMENT LIST (ICS FORM 204)

Purpose. The Assignment List(s) is used to inform Operations Section personnel of incident assignments. Once the assignments are agreed to by the Incident Commander and General Staff, the assignment information is given to the appropriate Units and Divisions via the Communications Center.

Preparation. The Assignment List normally is prepared by the Resources Unit using guidance by the Incident Objectives (ICS Form 202), Operational Planning Worksheet (ICS Form 215), and Operations Section Chief. The Assignment List must be approved by the Planning Section Chief. When approved, it is attached to the Incident Objectives as part of the Incident Action Plan.

Distribution. The Assignment List is duplicated and attached to the Incident Objectives and given to all recipients of the Incident Action Plan. In some cases, assignments may be communicated via radio.

1. BRANCH	2. DIVISION/GROUP		ASSIGNMENT LIST						
3. INCIDENT NAME			4. OPERATIONAL PERIOD DATE _____ TIME _____						
5. OPERATIONS PERSONNEL									
OPERATIONS CHIEF _____			DIVISION/GROUP SUPERVISOR _____						
BRANCH DIRECTOR _____			AIR TACTICAL GROUP SUPERVISOR _____						
6. RESOURCES ASSIGNED THIS PERIOD									
STRIKE TEAM/TASK FORCE RESOURCE DESIGNATOR		LEADER	NUMBER PERSONS	TRANS. NEEDED	DROP OFF PT/TIME	PICK-UP PT/TIME			
7. CONTROL OPERATIONS									
8. SPECIAL INSTRUCTIONS									
9. DIVISION/GROUP COMMUNICATIONS SUMMARY									
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL				SUPPORT	LOCAL			
	REPEAT					REPEAT			
DIV/GROUP TACTICAL					GROUND-TO- AIR				
10. PREPARED BY (RESOURCES UNIT)			11. APPROVED BY (PLANNING SECTION CHIEF)			DATE		TIME	

ICS 204 1-82

Instructions for Completing the Assignment List (ICS Form 204).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
		A separate sheet is used for each Division or Group. The identification letter of the Division is entered in the form title. Also enter the number (roman numeral) assigned to the Branch.
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Operational Period	Enter the time interval for which the form applies. Record the start time and end time and include date(s).
5.	Operations Personnel	Enter the name of the Operations Chief, applicable Branch Director, and Division Supervisor.
6.	Resources Assigned Strike Team/Task Force/Resource Designator	List resource designators, leader name, and total number of personnel for strike teams, task forces, or single resources assigned.
7.	Control Operations	Provide a statement of the tactical objectives to be achieved within the operational period. Include any special instructions for individual resources.
8.	Special Instructions	Enter statement calling attention to any safety problems or specific precautions to be exercised or other important information.
9.	Division Communication Summary	The Communications Unit provides this information on the form for Command, Division, Tactical, Support, and Ground-to-Air frequencies.
10.	Prepared By	Enter the name of the Resources Unit Member preparing the form.
11.	Approved By	Enter the name of the person approving the form (usually the Planning Section Chief).

INCIDENT RADIO COMMUNICATIONS PLAN (ICS FORM 205)

Purpose. The Incident Radio Communications Plan provides in one location information on all radio frequency assignments for each operational period. The plan is a summary of information obtained from the Radio Requirement Worksheet (ICS Form 216) and the Radio Frequency Assignment Worksheet (ICS Form 217). Information from the Radio Communications Plan on frequency assignments normally is placed on the appropriate Assignment List (ICS Form 204).

Preparation. The Incident Radio Communications Plan is prepared by the Communications Unit Leader and given to the Planning Section Chief. Detailed instructions on preparing this form may be found in ICS 223-5, Communications Unit Position Manual.

Distribution. The Incident Radio Communications Plan is duplicated and given to all recipients of the Incident Objectives form, including the Incident Communications Center. Information from the plan is placed on Assignment Lists.

INCIDENT RADIO COMMUNICATIONS PLAN				1. INCIDENT NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD DATE/TIME
4. BASIC RADIO CHANNEL UTILIZATION						
SYSTEM/CACHE	CHANNEL	FUNCTION	FREQUENCY	ASSIGNMENT	REMARKS	
5. PREPARED BY (COMMUNICATIONS UNIT)						
2015 ICS 9/06						

NFES 1330

Instructions for Completing the Incident Radio Communications Plan (ICS Form 205).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1.	Incident Name	Print the name assigned to the incident.
2.	Date/Time Prepared	Enter date (month, day, year) and time prepared (24-hour clock).
3.	Operational Period Date/Time	Enter the date and time interval for which the Radio Communications Plan applies. Record the start time and end time and include date(s).
4.	Basic Radio Channel Utilization System/Cache	Enter the radio cache system(s) assigned and used on the incident (e.g., Boise Cache, FIREMARS, Region 5 Emergency Cache, etc.).
	Channel Number	Enter the radio channel numbers assigned.
	Function	Enter the function each channel number is assigned (i.e., command, support, division tactical, and ground-to-air).
	Frequency	Enter the radio frequency tone number assigned to each specified function (e.g., 153.400).
	Assignment	Enter the ICS organization assigned to each of the designated frequencies (e.g., Branch I, Division A).
	Remarks	This section should include narrative information regarding special situations.
5.	Prepared By	Enter the name of the Communications Unit Leader preparing the form.

MEDICAL PLAN (ICS FORM 206)

Purpose. The Medical Plan provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

Preparation. The Medical Plan is prepared by the Medical Unit Leader and reviewed by the Safety Officer.

Distribution. The Medical Plan may be an attachment to the Incident Objectives, or information from the plan pertaining to incident medical aid stations and medical emergency procedures may be taken from the plan and placed on Assignment Lists.

MEDICAL PLAN	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD				
	5. INCIDENT MEDICAL AID STATIONS							
MEDICAL AID STATIONS		LOCATION		PARAMEDICS				
				YES	NO			
6. TRANSPORTATION								
A. AMBULANCE SERVICES								
NAME		ADDRESS		PHONE	PARAMEDICS			
					YES	NO		
B. INCIDENT AMBULANCES								
NAME		LOCATION		PARAMEDICS				
				YES	NO			
7. HOSPITALS								
NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO
8. MEDICAL EMERGENCY PROCEDURES								
206 ICS 8-78		9. PREPARED BY (MEDICAL UNIT LEADER)			10. REVIEWED BY (SAFETY OFFICER)			

NPES 1331

Instructions for Completing the Medical Plan (ICS Form 206).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Operational Period Date/Time	Record the date and time of the operational period for which this plan is in effect.
5.	Incident Medical Aid Stations	Enter name and location of incident medical aid stations (e.g., Cajon Staging Area, Cajon Campground) and indicate with a √ if paramedics are located at the site.
6.	Transportation	
	A. Ambulance Services	List name and address of ambulance services (e.g., Shaeffer, 4358 Brown Parkway, Corona). Provide phone number and indicate if ambulance company has paramedics.
	B. Incident Ambulances	Name of organization providing ambulances and the incident location. Also indicate if paramedics are aboard.
7.	Hospitals	List hospitals which could serve this incident. Incident name, address, the travel time by air and ground from the incident to the hospital, phone number, and indicate with a √ if the hospital is a burn center and has a helipad.
8.	Medical Emergency Procedures	Note any special emergency instructions for use by incident personnel.
9.	Prepared By	Enter the name of the Medical Unit Leader preparing the form.
10.	Reviewed By	Obtain the name of the Safety Officer who must review the plan.

INCIDENT ORGANIZATION CHART (ICS FORM 207)

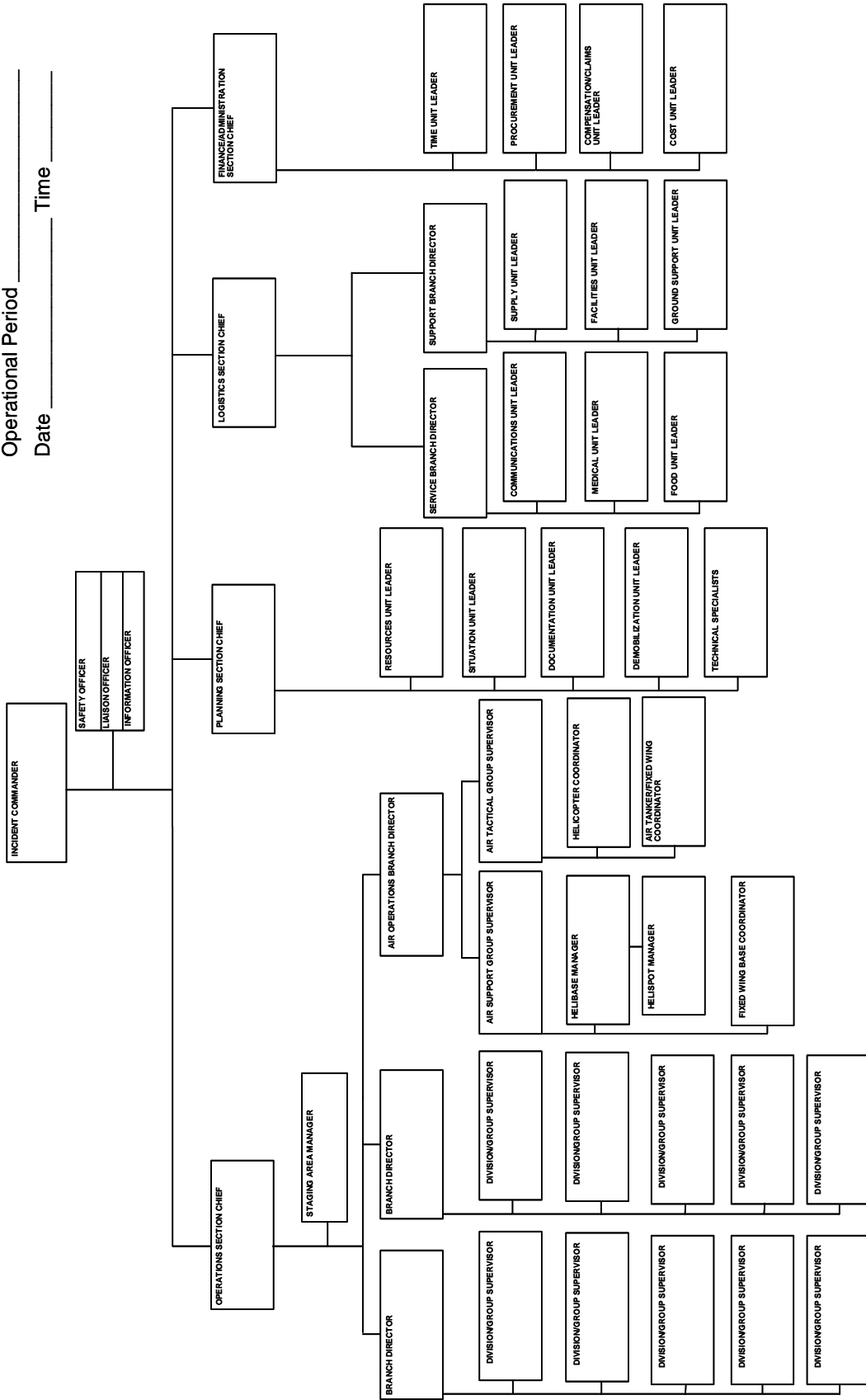
Purpose. The Incident Organization Chart is used to indicate what ICS organizational elements are currently activated and the names of personnel staffing each element. The attached chart is an example of the kind of Organizational Chart used in the ICS. Personnel responsible for managing organizational positions would be listed in each box as appropriate.

Preparation. The organization chart is prepared by the Resources Unit and posted along with other displays at the Incident Command Post. A chart is completed for each operational period and updated when organizational changes occur.

Distribution. When completed, the chart is posted on the display board located at the Incident Command Post.

Wall Size Chart. The ICS Form 207 WS is a large chart that is used primarily to post on the Command Post display board for better visibility.

Incident Name _____
 Operational Period _____
 Date _____ Time _____



INCIDENT STATUS SUMMARY (ICS FORM 209)

Purpose. The Incident Status Summary serves the following purposes:

1. It is used by Situation Unit personnel for posting information on Incident Command Post displays.
2. When duplicated and provided to Command Staff members, it provides them with basic information for use in planning for the next operational period.
3. It provides basic information to the Information Officer for preparation of media releases.
4. It provides incident information to agency dispatch and off-incident coordination centers.

Preparation. The Incident Status Summary is prepared by the Situation Unit. Resource information should be obtained from the Resources Unit. It is scheduled for presentation to the Planning Section Chief and other General Staff members prior to each Planning Meeting and may be required at more frequent intervals by the Incident Commander or Planning Section Chief.

Distribution. When completed, the form is duplicated and copies are distributed to the Incident Commander and staff, and all Section Chiefs, Planning Section Unit Leaders, and Agency Dispatch Centers. It is also posted on the display board located at the Incident Command Post.

Completion of the Incident Status Summary will be as specified by agency or municipality. Report by telephone, teletype, computer, or facsimile to the local agency or municipality headquarters by 2100 daily on incidents as required by agency or municipality (reports are normally required on life-threatening situations, real property threatened or destroyed, high resource damage potential, and complex incidents that could have political ramifications). Normally wildland agencies require a report on all Class D (100 acres plus) and larger incidents (unless primarily grass type in which case report Class E, 300 acres or larger). The first summary will cover the period from the start of the incident to 2100 the first day of the incident, if at least four hours have elapsed; thereafter the summary will cover the 24-hour period ending at 1900 (this reporting time will enable compilation of reporting data and submission of report to local agency or municipality headquarters by 2100) daily until incident is under control. Wildland fire agencies will send the summary to the National Interagency Fire Center by 2400 Mountain Time.

INCIDENT STATUS SUMMARY (See reverse for general instructions.)																									
1. Date				Time				2. INITIAL <input type="checkbox"/> UPDATE <input type="checkbox"/> FINAL <input type="checkbox"/>				3. Incident Name						4. Incident Number (8)							
5. Incident Commander (12)				6. Jurisdictions (5)				7. County (14)				8. Type Incident (20)				9. Location (64)						10. Started Date _____ Time _____ (6/4)			
11. Cause (28)				12. Area Involved (28)				13. % Contained (4)				14. Expected Containment Date _____ Time _____ (6/4)				15. Ext. Control Date _____ Time _____ (6/4)				16. Declared Controlled Date _____ Time _____ (6/4)					
17. Current Threat (66)												18. Current Problems (64)													
19. Est. Loss (12)				20. Est. Savings (12)				21. Injuries (4)				Deaths (4)				22. Line Built (6)						23. Line to Build (6)			
24. Current Weather WS _____ WD _____				Temp _____ RH _____ (14)				25. Predicted Weather WS _____ WD _____				Temp _____ RH _____ (14)				26. Costs to Date (12)				27. Est. Total Cost (12)					
28. AGENCIES																									
29. RESOURCES (4)																						TOTALS			
KIND OF RESOURCE	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST			
ENGINES																									
DOZERS																									
CREWS																									
HELICOPTERS																									
AIR TANKERS																									
TRUCK COS.																									
RESCUE/MED.																									
WATER TENDERS																									
OTHER																									
OVERHEAD PERSONNEL																									
TOTAL PERSONNEL																									
30. Cooperating Agencies (52)																									
31. Remarks (8 Lines/80)																									
32. Prepared By (12)								33. Approved By (12)								34. Sent To									
																Date		Time		By					

GENERAL INSTRUCTIONS

Completion of the Incident Status Summary will be as specified by Agency or municipality. Report by telephone, teletype, computer, or facsimile to the local Agency or municipality headquarters by 2100 daily on incidents as required by Agency or municipality (reports are normally required on life-threatening situations, real property threatened or destroyed, high resource damage potential, and complex incidents that could have political ramifications). Normally wildland agencies require a report on all Class D (100 acres plus) and larger incidents (unless primarily grass type in which case report Class E, 300 acres or larger). The first summary will cover the period from the start of the incident to 2100 the first day of the incident, if at least four hours have elapsed; thereafter, the summary will cover the 24-hour period ending at 1900 (this reporting time will enable compilation of reporting data and submission of report to local Agency or municipality headquarters by 2100) daily until incident is under control. Wildland fire agencies will send the summary to the National Interagency Fire Center by 2400 Mountain Time.

1. Enter date and time report completed (mandatory).
2. Check appropriate space (mandatory--no computer entry).
3. Provide name given to incident by Incident Commander or Agency (mandatory).
4. Enter number assigned to incident by Agency (mandatory).
5. Enter first initial and last name of Incident Commander (optional).
6. Enter Agency or Municipality (mandatory).
7. Enter County where incident is occurring (optional).
8. Enter type incident, e.g., wildland fire (enter fuel type), structure fire, hazardous chemical spill, etc. (mandatory).
9. Enter legal description and general location. Use remarks for additional data if necessary (mandatory).
10. Enter date and Zulu time incident started (mandatory--maximum of 6 characters for date and 4 characters for time).
11. Enter specific cause or under investigation (mandatory).
12. Enter area involved, e.g., 50 acres, top 3 floors of building, etc. (mandatory).
13. Enter estimate of percent of containment (mandatory).
14. Enter estimate of date and time of total containment (mandatory).
15. Enter estimated date and time of control (mandatory).
16. Enter actual date and time fire was declared controlled (mandatory).
17. Report significant threat to structures, watershed, timber, wildlife habitat, or other valuable resources (mandatory).
18. Enter control problems, e.g., accessibility, fuels, rocky terrain, high winds, structures (mandatory).
19. Enter estimated dollar value of total damage to date. Include structures, watershed, timber, etc. Be specific in remarks (mandatory).
20. Enter estimate of values saved as result of all suppression efforts (optional).
21. Enter any serious injuries or deaths which have occurred since the last report. Be specific in remarks (mandatory).
22. Indicate the extent of line completed by chains or other units of measurement (optional).
23. Indicate line to be constructed by chains or other units of measurement (optional).
24. Indicate current weather conditions at the incident (mandatory).
25. Indicate predicted weather conditions for the next operational period (mandatory).
26. Provide total incident cost to date (optional).
27. Provide estimated total cost for entire incident (optional).
28. List agencies which have resources assigned to the incident (mandatory).
29. Enter resource information under appropriate Agency column by single resource or strike team (mandatory).
30. List by name those agencies which are providing support, e.g., Salvation Army, Red Cross, law enforcement, National Weather Service, etc. (mandatory).
31. The Remarks space can be used to (1) list additional resources not covered in Section 28/29; (2) provide more information on location; (3) enter additional information regarding threat control problems, anticipated release, or demobilization, etc. (mandatory).
32. This will normally be the incident Situation Unit Leader (mandatory).
33. This will normally be the incident Planning Section Chief (mandatory).
34. The ID of the Agency entering the report will be entered (optional--no computer entry).

FOR THOSE AREAS USING EXISTING COMPUTER SYSTEM REFER TO USER'S MANUAL.
Maximum number of characters allowed for each block are specified in parenthesis on front of form.

Instructions for Completing the Incident Status Summary (ICS Form 209).

ITEM NUMBER	INSTRUCTIONS
1.	Enter date and time report completed (mandatory).
2.	Check appropriate space (mandatory-no computer entry).
3.	Provide name given to incident by Incident Commander or Agency (mandatory).
4.	Enter number assigned to incident by Agency (mandatory).
5.	Enter first initial and last name of Incident Commander (optional).
6.	Enter Agency or Municipality (mandatory).
7.	Enter County where incident is occurring (optional).
8.	Enter type incident, e.g., wildland fire (enter fuel type), structure fire, hazardous chemical spill, etc. (mandatory).
9.	Enter legal description and general location. Use remarks for additional data if necessary (mandatory).
10.	Enter date and Zulu time incident started (mandatory--maximum of 6 characters for date and 4 characters for time).
11.	Enter specific cause or under investigation (mandatory).
12.	Enter area involved, e.g., 50 acres, top three floors of building, etc. (mandatory).
13.	Enter estimate of percent of containment (mandatory).
14.	Enter estimate of date and time of total containment (mandatory).
15.	Enter estimated date and time of control (mandatory).
16.	Enter actual date and time fire was declared controlled (mandatory).
17.	Report significant threat to structures, watershed, timber, wildlife habitat, or other valuable resources (mandatory).
18.	Enter control problems, e.g., accessibility, fuels, rocky terrain, high winds, structures (mandatory).
19.	Enter estimated dollar value of total damage to date. Include structures, watershed, timber, etc. Be specific in remarks (mandatory).
20.	Enter estimate of values saved as result of all suppression efforts (optional).

21.	Enter any serious injuries or deaths which have occurred since the last report. Be specific in remarks (mandatory).
22.	Indicate the extent of line completed by chains or other units of measurement (optional).
23.	Indicate line to be constructed by chains or other units of measurement (optional).
24.	Indicate current weather conditions at the incident (mandatory).
25.	Indicate predicted weather conditions for the next operational period (mandatory).
26.	Provide total incident cost to date (optional).
27.	Provide estimated total cost for entire incident (optional).
28.	List agencies which have resources assigned to the incident (mandatory).
29.	Enter resource information under appropriate Agency column by single resource or strike team (mandatory).
30.	List by name those agencies which are providing support, e.g., Salvation Army, Red Cross, law enforcement, National Weather Service, etc. (mandatory).
31.	The remarks space can be used to (1) list additional resources not covered in Section 28/29; (2) provide more information on location; (3) enter additional information regarding threat control problems, anticipated release, or demobilization, etc. (mandatory).
32.	This will normally be the incident Situation Unit Leader (mandatory).
33.	This will normally be the incident Planning Section Chief (mandatory).
34.	The ID of the Agency entering the report will be entered (optional-no computer entry).

STATUS CHANGE CARD (ICS FORM 210)

Purpose. The Status Change Card is used by the incident Communications Center Manager to record status change information received on resources assigned to the incident.

Preparation. The form is completed by radio/telephone operators who receive status change information from individual resources, Task Forces, Strike Teams, and Division/Group Supervisors. Status information could also be reported by Staging Area and Helibase Managers and fixed-wing facilities.

Distribution. The Status Change Card is a two-part form. The original copy is given to the Resources Unit, and the second (pink) copy is retained by the Communications Unit.

DESIGNATOR NAME/ID.NO. _____					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">STATUS</td> <td colspan="2" style="padding: 2px;"> <input type="checkbox"/> ASSIGNED <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S MECHANICAL <input type="checkbox"/> O/S MANNING _____ ETR (O/S=Out-of-Service) </td> </tr> </table>			STATUS	<input type="checkbox"/> ASSIGNED <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S MECHANICAL <input type="checkbox"/> O/S MANNING _____ ETR (O/S=Out-of-Service)	
STATUS	<input type="checkbox"/> ASSIGNED <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S MECHANICAL <input type="checkbox"/> O/S MANNING _____ ETR (O/S=Out-of-Service)				
FROM	LOCATION	TO			
	DIVISION/GROUP				
	STAGING AREA				
	BASE/ICP				
	CAMP				
	EN ROUTE	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">ETA</td></tr></table>	ETA		
ETA					
	HOME AGENCY				
<u>MESSAGE</u>					
TIME _____ RESOURCES PROCESS <input type="checkbox"/>					
ICS STATUS CHANGE CARD FORM 210 6/83					
----- K.U.S. GOVERNMENT PRINTING OFFICE: 1986-695-272					

Instructions for Completing the Status Change Card (ICS Form 210).

ITEM TITLE	INSTRUCTIONS
Designator Name/ID No.	Enter the appropriate designator for the kind of resource. The resource type codes are in ICS 020-1, <u>Resource Listings</u> .
Status	Determine the current status of the resource. If out-of-service status is checked, enter the time when the resource will return to service (ETR).
From/Location/To	Place a checkmark in the FROM column indicating the current location of the resource (where it came from). Also place a check in the TO column indicating the assigned location of the resource. When more than one Division, Staging Area, or Camp is used, identify the specific location (e.g., Division A, Redfern Staging Area, Camp Hood).
Message	Enter any special information provided by the resource or dispatch center such as individual designators of strike teams and task forces.
Time	Enter the time of the status change (24-hour clock).
Resources Process	This box is checked by Resources Unit personnel after the Unit has transferred the information to a Resource Status Card (ICS Form 219).

CHECK-IN LIST (ICS FORM 211)

Purpose. Personnel and equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information which is recorded on the Check-In List. The Check-in List serves several purposes:

1. Used for recording arrival times at the incident of all overhead personnel and equipment.
2. Used for recording the initial location of personnel and equipment and thus a subsequent assignment can be made.
3. Used to support demobilization by recording the home base, method of travel, etc., on all check-ins.

Preparation. The Check-in List is initiated at a number of incident locations, including

1. Staging areas, base, camps, helibases, and ICP. Managers at these locations record the information and give it to the Resources Unit as soon as possible.
2. Incident Communications Center Manager located in the Communications Center records the information and also gives it to the Resources Unit as soon as possible.
3. Check-in at the ICP will be done by a recorder at the Resources Unit.

Distribution. Check-in Lists, which are completed by personnel at the various check-in locations, are provided to both the Resources Unit and the Finance Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident.

Instructions for Completing the Check-in List (ICS Form 211).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
		Incident Dispatchers, upon receipt of a check-in message by radio, record the information on the Check-in List (ICS Form 211) and then give the information to the Resources Unit.
		Resources Unit Recorders, upon receipt of information on an in-person check in, record the information directly onto the Check-in List form.
1.	Incident Name	Print the name assigned to the incident.
2.	Check-in Location	Place a checkmark in the appropriate box indicating where the resource or person checked in at the incident.
3.	Date/Time Prepared	Enter date (month, day, year) and time prepared (24-hour clock).
4.	List Personnel (Overhead) by Agency & Name	Use this section to list agency three-letter designator and individual names for all overhead (supervisory) personnel. When listing equipment, use three-letter designator, indicate if resource is a single resource, task force or strike team; enter kind of resource (letter for single resources, Number 1-3 for Strike Team); enter type of resource (1-4), and designated identification number.
5.	Order/Request Number	Order number will be assigned by Agency dispatching the resources or personnel to the incident.
6.	Date/Time Check-In	Self-explanatory.
7.	Leader's Name	Self-explanatory.
8.	Total Number Personnel	Enter total number of personnel in strike teams, task forces, or manning single resources. Include leaders.
9.	Manifest	Indicate if a manifest was prepared.
10.	Crew Weight or Individual's Weight	Self-explanatory.
11.	Home Base	Location at which the resource/individual is normally assigned. (May not be departure location.)
12.	Departure Point	Location from which resource/individual departed for this incident.

13.	Method of Travel	Means of travel to incident (bus, truck, engine, personal vehicle, etc.).
14.	Incident Assignment	Assignment at time of dispatch.
15.	Other Qualifications	List any other ICS position the individual has been trained to fill.
16.	Sent to	Enter initials and time that the information pertaining to that entry was sent to the Resources Unit.
17.	Page	Indicate page number and number of pages being used for Check-In at this location.
18.	Prepared by	Enter name of Check-In Recorder.

GENERAL MESSAGE (ICS FORM 213)

The General Message form in use within the ICS is a three-part form.

Purpose. The General Message form is used by:

1. Incident dispatchers to record incoming messages which cannot be orally transmitted to the intended recipients.
2. Command Post and other incident personnel to transmit messages to the Incident Communications Center for transmission via radio or telephone to the addressee.
3. Incident personnel to send any message or notification to incident personnel which requires hard-copy delivery.

Initiation of Form. The General Message form may be initiated by incident dispatchers for any other personnel on an incident.

Distribution. Upon completion, the General Message may be:

1. Hand carried to the addressee.
2. Hand carried to the incident Communications Center for transmission.

Instructions for Completing the General Message (ICS Form 213).

ITEM TITLE	INSTRUCTIONS
To	Indicate Unit/Person the General Message is intended for. Be specific.
Office	Indicate the location where the Unit/Person is located, e.g., Ground Support Unit Leader, Simpson Camp, Communications, etc.
From	Indicate appropriate designation and location of sender.
Subject	Fill in if applicable.
Date	List the date and time.
Message	Briefly complete. Think through your message before writing it down. Try to be as concise as possible.
Reply	This section is intended to be used by the Unit/Person who receives the message to reply to your message.
Date	Record the date and time of reply.
Signature	Record the signature and title of person replying.
White Copy/Pink Copy	Both copies are sent by person who initiates the message.
Yellow Copy	Retained by the person who initiates the message.
Pink Copy	May be returned to the person who initiates the message.

UNIT LOG (ICS FORM 214)

Purpose. The Unit Log is used to record details of unit activity including strike team activity. The file of these logs provides a basic reference from which to extract information for inclusion in any after-action report.

Initiation of Log. A Unit Log is initiated and maintained by Command Staff members, Division/Group Supervisors, Air Operations Groups, Strike Team/Task Force Leaders, and Unit Leaders. Completed logs are forwarded to supervisors who provide copies to the Documentation Unit.

Distribution. The Documentation Unit maintains a file of all Unit Logs. It is necessary that one copy of each log be submitted to the Documentation Unit.

Instructions for Completing the Unit Log (ICS Form 214).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Unit Name	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
5.	Unit Leader	Enter the name of the individual in charge of the Unit.
6.	Operational Period	Enter the time span covered by the log (e.g., 1800 Oct. 12 to 0600 Oct. 13).
7.	Personnel Roster	List the name, position, and home base of each member assigned to the unit during the operational period.
8.	Activity Log	Enter the time and briefly describe each significant occurrence or event (e.g., task assignments, task completions, injuries, difficulties encountered, etc.).
9.	Prepared By	Enter the name and title of the person approving the log. Provide log to immediate supervisor at the end of each operational period.

OPERATIONAL PLANNING WORKSHEET (ICS FORM 215)

Purpose. The purpose of the Operational Planning Worksheet is to communicate the decisions made during the Planning Meeting concerning resource assignments to the Resources Unit. The Worksheet is used by the Resources Unit to complete Assignment Lists and by the Logistics Section Chief for ordering resources for the incident.

Initiation of Form. The Operational Planning Worksheet is initiated by the Incident Commander and General Staff at each Planning Meeting. It is recommended that the format be drawn on the chalkboard, and when decisions are reached, the information is recorded on the Operational Planning Worksheet.

Distribution. When the division work assignments and accompanying resource allocations are agreed to, the form is distributed to the Resources Unit to assist in the preparation of the Assignment Lists. The Planning Section will use a copy of this worksheet for preparing requests for resources required for the next operational period.

Instructions for Completing the Operational Planning Worksheet (ICS Form 215).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1.	Incident Name	Print the name assigned to the incident.
2.	Date/Time Prepared	Enter date (month, day, year) and time prepared (24-hour clock).
3.	Operational Period	Enter the time interval for which the information applies. Record the start time and end time and date(s).
4.	Division or Other Location	Enter the Division letter or location of the work assignment for the resources.
5.	Work Assignments	Enter the specific work assignments given to each of the Divisions.
6.	Resource	Complete resource headings, both for kind and type appropriate for the incident. Enter, for the appropriate resources, the number of resources by type (engines, crew, etc.) required "REQ," and the number of resources available "HAVE" to perform the work assignment. Then record the number of resources needed "NEED" by subtracting the number in the "HAVE" row from the number in the "REQ" row.
7.	Reporting Location	Enter the specific location the "needed" resources are to report for the work assignment (staging area, location on the fire line, etc.).
8.	Requested Arrival Time	Enter time resources are requested to arrive at the reporting location.
9.	Total Resources Required, On Hand, Ordered	Enter the total number of resources by type (engines, crews, dozers, etc.) required, on hand, and ordered.
10.	Prepared By	Record the name and position of the person completing the form.

RADIO REQUIREMENTS WORKSHEET (ICS FORM 216)

Purpose. The Radio Requirements Worksheet is used to develop the total number of personal portable radios required for each Division/Group and Branch. It provides a listing of all units assigned to each Division, and thus depicts the total incident radio needs.

Initiation of Form. The worksheet is prepared by the Communications Unit for each operational period and can only be completed after specific resource assignments are made and designated on Assignment Lists. This worksheet need not be used if the Communications Unit Leader can easily obtain the information directly from Assignment Lists.

Distribution. The worksheet is for internal use by the Communications Unit and therefore there is no distribution of the form.

Instructions for Completing the Radio Requirements Worksheet (ICS Form 216).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1.	Incident Name	Print the name assigned to the incident.
2.	Date	Enter date (month, day, year) prepared.
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Branch	Enter the Branch number (I, II, etc.) for which radio requirements are being prepared.
5.	Agency	Enter the three-letter designator of the agency staffing the Branch Director position (e.g., VNC, CDF, ANF, LFD, etc.).
6.	Operational Period	Enter the time interval for which the assignment applies. Record the start date/time and end date/time.
7.	Tactical Frequency	Enter the radio frequency to be used by the Branch Director to communicate with each Division/Group Supervisor in the Branch.
8.	Division/Group	Enter for each Division/Group in the Branch the Division/Group identifier (A, B, etc.) and the agency assigned (e.g., LAC, VNC, etc.).
9.	Agency/ID No./Radio Requirements	List all units assigned to each Division/Group. Record the agency designator, unit or resource identification, and total number of radios needed for each unit or resource.
10.	Prepared By	Enter the name and position of the person completing the worksheet.

*Note: Detailed instructions for the completion of the Worksheet are found in ICS 223-5 Communications Unit Position Manual, Chapter 3.

RADIO FREQUENCY ASSIGNMENT WORKSHEET (ICS FORM 217)

Purpose. The Radio Frequency Assignment Worksheet is used by the Communications Unit Leader to assist in determining frequency allocations.

Preparation. Cache radio frequencies available to the incident are listed on the form. Major agency frequencies assigned to the incident should be added to the bottom of the worksheet.

Distribution. The worksheet, prepared by the Communications Unit, is for internal use.

Instructions for Completing the Radio Frequency Assignment Worksheet (ICS Form 217).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1.	Incident Name	Print the name assigned to the incident.
2.	Date	Enter date (month, day, year) prepared.
3.	Operational Period	Enter the time interval for which the assignment applies. Record the start date/time and end date/time.
4.	Incident Organization	List frequencies allocated for each channel for each organizational element activated, record the <u>number</u> of radios required to perform the designated function on the specified frequency.
5.	Radio Data	For each radio cache and frequency assigned, record the associated function. Functional assignments are Command Support Division tactical Ground-to-air
6.	Agency	List the <u>frequencies</u> for each major agency assigned to the incident. Also list the function and channel number assigned.
7.	Total Radios Required	Total each column. This provides the number of radios required by each organizational unit. Also total each row, which provides the number of radios using each available frequency.
8.	Prepared By	Enter the name and position of the person completing the worksheet.

SUPPORT VEHICLE INVENTORY (ICS FORM 218)

Purpose. The Support Vehicle Inventory form provides an inventory of all transportation and support vehicles assigned to the incident. The information is used by the Ground Support Unit to maintain a record of the types and locations of vehicles on the incident. The Resources Unit uses the information to initiate and maintain status/resources information on these resources.

Preparation. The form is prepared by Ground Support Unit personnel at intervals specified by the Ground Support Unit Leader.

Distribution. Initial inventory information recorded on the form should be given to the Resources Unit. Subsequent changes to the status or location of transportation and support vehicles should be provided to the Resources Unit immediately.

Instructions for Completing the Support Vehicle Inventory (ICS Form 218).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
		<p>Note:</p> <ul style="list-style-type: none"> a. The Ground Support Unit Leader may prefer to use separate sheets for each type of support vehicle (e.g., buses, pickups, and food tenders). b. More than one line may be used to record information on each vehicle. If this is done, separate individual vehicle entries with a heavy line. c. Several pages may be used. When this occurs, number the pages consecutively (in the page number box at bottom of the form).
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date (month, day, year) prepared.
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Vehicle Information	Record the following vehicle information:
	Type	a. Specific vehicle type (e.g., bus, stakeside, etc.).
	Make	b. Vehicle manufacturer name (e.g., GMC, International).
	Capacity/Size	c. Vehicle capacity/size, (e.g., 30-person bus, 3/4 ton truck).
	Owner	d. Owner of vehicle (agency or private owner).
	ID Number	e. Serial or other identification number.
	Location	f. Location of vehicle.
	Release Time	g. Time vehicle is released from the incident.
5.	Prepared By	Enter the name and position of the person completing the form.

RESOURCE STATUS CARD (ICS FORM 219)

Purpose. Resource Status Cards are used by the Resources Unit to record status and location information on resources, transportation, and support vehicles and personnel. The Resource Status Cards provide a visual display of the status and location of resources assigned to the incident.

Format. There are eight different status cards (see below). Each card is a different color and used for a different purpose. The format and content of information on each card will vary depending upon the use of the card.

ICS FORM 219	USE	COLOR
1	Labels	Gray (used only as label cards in racks)
2	Handcrews	Green
3	Engines	Rose
4	Helicopter	Blue
5	Personnel	White
6	Aircraft	Orange
7	Dozers	Yellow
8	Task Forces	Tan
	Miscellaneous Equipment	

Preparation. Information to be placed on the cards may be obtained from several sources including, but not limited to:

1. ICS Briefing (ICS Form 201).
2. Check-In List (ICS Form 211).
3. Status Change Card (ICS Form 210).
4. Agency supplied information.

Detailed information on preparing status cards is found in Resources Unit Position Manual (ICS 221-3).

Distribution. The cards are displayed in resource status racks where they can be easily retrieved. Cards will be retained by the Resources Unit until demobilization. At demobilization all cards will be turned into the Documentation Unit.

GREEN CARD STOCK (CREW)

AGENCY	ST	KIND	TYPE	I.D. NO.
ORDER/REQUEST NO.		DATE/TIME CHECK IN		
HOME BASE				
DEPARTURE POINT				
LEADER NAME				
CREW ID. NO./NAME (FOR STRIKE TEAMS)				
NO. PERSONNEL		MANIFEST <input type="checkbox"/> YES <input type="checkbox"/> NO		WEIGHT
METHODS OF TRAVEL <input type="checkbox"/> OWN <input type="checkbox"/> BUS <input type="checkbox"/> AIR				
OTHER				
DESTINATION POINT				ETA
TRANSPORTATION NEEDS <input type="checkbox"/> OWN <input type="checkbox"/> BUS <input type="checkbox"/> AIR				
OTHER				
ORDERED DATE/TIME			CONFIRMED DATE/TIME	
REMARKS				
ICS 219-2 (REV. 4/82) CREWS NFES 1344				

AGENCY	TF	KIND	TYPE	I.D. NO./NAME
INCIDENT LOCATION			TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR				
NOTE				
INCIDENT LOCATION			TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR				
NOTE				
INCIDENT LOCATION			TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR				
NOTE				
INCIDENT LOCATION			TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR				
NOTE				
*U.S. GPO: 1990-794-001				

Instructions for Completing the Resource Status Card

An example of each kind of card is shown in the following list. Instructions for filling in each block on the card are included where necessary and are not repeated on each example unless needed for clarification.

ICS 219-1 LABEL CARD. The label cards (gray) are used to designate either location or status in the card racks. The organization of the card racks will vary depending upon the type and size of incident. Resources Unit personnel can print location data (e.g., BRANCH 1 DIVISION C, SUNSET BASE), and/or status information (e.g., AVAILABLE, EN ROUTE, OUT-OF-SERVICE, etc.) on the tops of the cards with felt-tip pens. The label cards may then be placed into the racks at appropriate locations as determined by Resources Unit Personnel.

ICS 219-2 HANDCREWS--GREEN-COLORED CARD

The Handcrew Card is depicted below. (Incident location data on the Handcrew Card is on the back of the card and not shown in the example.)

ORDER/REQUEST NO.

Number assigned by dispatching agency.

HOME BASE

Location at which Handcrew is normally located.

DEPARTURE POINT

Location from which Handcrew left to reach this incident.

CREW ID. NO./NAME (FOR STRIKE TEAMS)

List commonly used names or numbers to identify the crews which make up the Strike Team.

NO. PERSONNEL

Total number of personnel (including Leader) in Crew or in Strike Team (as appropriate).

MANIFEST

Was a manifest prepared for the Crew/Strike Team?

WEIGHT

Total weight (including equipment and personal belongings) of the Crew/Strike Team.

DESIGNATION POINT

Next location to which Crew/Strike Team is being sent from the incident.

BLUE CARD STOCK (HELICOPTER)

AGENCY	ST	KIND	TYPE	I.D. NO.
ORDER/REQUEST NO.		DATE/TIME CHECK IN		
HOME BASE				
DEPARTURE POINT				
PILOT NAME				
DESTINATION POINT			ETA	
REMARKS				
INCIDENT LOCATION				
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR				
NOTE				
INCIDENT LOCATION			TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR				
NOTE				
INCIDENT LOCATION			TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR				
NOTE				
ICS 219-4 (REV. 4/82) HELICOPTER NFES 1346				

AGENCY	TYPE	MANUFACTURER	I.D. NO.
INCIDENT LOCATION		TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR			
NOTE			
INCIDENT LOCATION		TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR			
NOTE			
INCIDENT LOCATION		TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR			
NOTE			
INCIDENT LOCATION		TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR			
NOTE			
*U.S. GPO: 1988-594-771 NFES 1346			

ICS 219-3 ENGINE--ROSE-COLORED CARD

The Engine Card when used for Strike Teams will have the right tab blacked out. This provides an immediate indication to Resources Unit that the card represents a Strike Team.

RESOURCE ID. Numbers: Names

For Strike Teams, list all individual engine numbers which make up the Strike Team. Engine Co. Captains may be included as appropriate. For mixed agency Strike Teams, list the 3-letter ID. for each resource.

INCIDENT LOCATION

Write in the location that the resource is assigned to on the incident (e.g., DIVISION A, SUNSET BASE, etc.).

STATUS

Check appropriate line. If Engine is O/S (out-of-service), give the ETR (estimated time of return) when known.

NOTE

Provide any information that may be needed or useful (e.g., Engine MRV 6183 carries a 120 channel synthesizer).

ICS 219-4 HELICOPTER--BLUE-COLORED CARD

MANUFACTURER NAME/NO.

e.g., Bell 206.

INCIDENT LOCATION

Assigned location information on helicopters may be the same as other resources (e.g., Division A). However, location could also indicate a "general" working location (e.g., water-dropping in Branch 1; or Crew Transport - Wilson Staging Area).

ICS 219-5 PERSONNEL--WHITE-COLORED CARD

TRANSPORTATION NEEDS

If an individual was picked up and brought to the incident, it is important to check what transportation is needed to return home.

DATE/TIME ORDER

Important to show the specific means by which personnel will depart the incident. Note that this may vary from the way the individual arrived.

REMARKS (Include other qualifications)

Use this space to indicate ICS positions individuals may fill in addition to Incident Assignment (e.g., Situation Unit Leader, Demobilization Unit Leader, etc.).

ORANGE CARD STOCK (AIRCRAFT)

AGENCY	TYPE	MANUFACTURER	I.D. NO.
ORDER/REQUEST NO.		DATE/TIME CHECK IN	
HOME BASE			
DATE TIME RELEASED			
INCIDENT LOCATION		TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR			
NOTE			
INCIDENT LOCATION		TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR			
NOTE			
INCIDENT LOCATION		TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR			
NOTE			
ICS 219-6 (4/82) AIRCRAFT			

AGENCY	TYPE	MANUFACTURER NAME/NO.	I.D. NO.
INCIDENT LOCATION		TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR			
NOTE			
INCIDENT LOCATION		TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR			
NOTE			
INCIDENT LOCATION		TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR			
NOTE			
INCIDENT LOCATION		TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR			
NOTE			
*U.S. GPO: 695-162-1966			

ICS 219-6 AIRCRAFT--ORANGE-COLORED CARD

INCIDENT LOCATION

Reflect the area of the incident to which the aircraft is primarily assigned (e.g., Branch 1).

ICS 219-7 DOZERS--YELLOW-COLORED CARD

RESOURCE ID. NUMBERS/NAMES

List dozer numbers and Operator names for dozers in Strike Teams. Show contractor name as appropriate.

ICS 219-8 MISCELLANEOUS EQUIPMENT/TASK FORCE--TAN-COLORED CARD

This card is used for a variety of miscellaneous equipment (e.g., buses, trucks, water tenders, etc.). The card is also used to show Task Forces. (Task Forces may be several different kinds of resources assembled for a specific purpose.) When the card is used to indicate a Task Force, the left tab should be blacked out. Also, the specific resources making up the Task Force should be listed in the Resource ID. No./Names section of the card. The cards of the resources making up the Task Force can be clipped together with the Tan Task Force card or stored separately as desired. When a single resource is being used in a Task Force, a notation should be made on that Resources' Card to include the Task Force number.

YELLOW CARD STOCK (DOZERS)

AGENCY	ST	TF	KIND	TYPE	I.D. NO.
ORDER/REQUEST NO.			DATE/TIME CHECK IN		
HOME BASE					
DEPARTURE POINT					
LEADER NAME					
RESOURCE ID. NO.S/NAMES					
DESTINATION POINT				ETA	
REMARKS					
INCIDENT LOCATION				TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR					
NOTE					
ICS 219-7 (REV. 4/82) DOZERS NFES 1349					

AGENCY	ST	TF	KIND	TYPE	I.D. NO.
INCIDENT LOCATION				TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR					
NOTE					
INCIDENT LOCATION				TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR					
NOTE					
INCIDENT LOCATION				TIME	
STATUS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> O/S REST <input type="checkbox"/> O/S PERS. <input type="checkbox"/> AVAILABLE <input type="checkbox"/> O/S MECH <input type="checkbox"/> ETR					
NOTE					
*U.S. GPO: 1990-794-006					

AIR OPERATIONS SUMMARY WORKSHEET (ICS FORM 220)

Purpose. The Air Operations Summary Worksheet provides the Air Operations Branch with the number, type, location, and specific assignments of helicopters and air tankers.

Initiation of Form. The worksheet is completed by the Operations Section Chief or the Air Operations Branch Director during each Planning Meeting. General air resources assignment information is obtained from the Operational Planning Worksheet (ICS Form 215) which also is completed during each Planning Meeting. Specific designators of the air resources assigned to the incident are provided by the Air and Fixed-Wing Support Groups.

Distribution. After the worksheet is completed by Air Operations personnel (except item 11), the form is given to the Air Support Group Supervisor and Air Tanker/Fixed-Wing Coordinator personnel. These personnel complete the form by indicating the designators of the helicopters and air tankers assigned missions during the specified operational period. This information is provided to Air Operations personnel who, in turn, give the information to the Resources Unit.

Instructions for Completing Air Operations Summary Worksheet (ICS Form 220).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1.	Incident Name	Print the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the assignment applies. Record the start date/time and end date/time.
3.	Air Operations Distribution	Check the block and enter the time and date when ICS Form 220 and attachments were sent to all fixed-wing bases and helibases supporting the incident.
4.	Personnel and Communications	Enter the name of the individuals in Air Operations and the primary air/air and air/ground (if applicable) radio frequencies to be used.
5.	Remarks	Enter special instructions or information, including safety notes, hazards, and priorities for Air Operations personnel.
6.	Location/ Function	Enter area of incident where air resources will be assigned (i.e., Div. A, Branch II, Standby) or function (i.e., Air Tactical Group Supervisor, Situation Unit, MEDIVAC, etc.) to which they will be assigned.
7.	Assignment	Enter the specific assignment (e.g., water or retardant drops, logistical support, or availability status for a specific purpose, support backup, recon, MEDIVAC, etc.). If applicable, enter the primary air/air and air/ground radio frequency to be used.
8.	Fixed-Wing	Enter the number and type (1, 2, or 3) of air tankers allocated to the location/function.
9.	Helicopters	Enter the number and type of helicopters allocated to the location/function.
10.	Time Available/ Commence	As applicable, enter the time (24-hour clock), when allocated air resources should be available and when they should commence their assignment.
11.	Aircraft Assigned	Enter the designators of the aircraft assigned. Gather information from Resources Unit, helibases, and fixed-wing bases.
12.	Operating Base	Enter the base (helibase, helispot, fixed-wing base) that each air resource is expected to initiate operations from.
13.	Totals	Enter the total number of fixed-wing and helicopters assigned to the incident in the number columns. Enter the total number of each type <u>air tanker</u> and helicopter assigned in Type column.
14.	Air Operations Support	Enter the designators and location of other support resources (i.e., helicopter support units, engines, IR, etc.) assigned to Air Operations.
15.	Prepared By	Enter the name of the person in Air Operations completing the form. Enter the date and time form was completed.

DEMOBILIZATION CHECKOUT (ICS FORM 221)

Purpose. The Demobilization Checkout form provides the Planning Section information on resource releases from the incident to include destination, actual release time, and estimated time of arrival at destination.

Initiation of Form. The form is initiated by the Demobilization Unit Leader or the Planning section. The top portion of the form is completed by Demobilization Unit Leader after the resource supervisor has given written notification that the resource is excess to the needs of the incident.

Distribution. The individual resource will have the unit initial the appropriate checked (✓) boxes in section 11 prior to release from the incident. After completion, the form is returned to the Demobilization Unit Leader or the Planning Section.

Note: Prior to actual demobilization, Planning Section (Demobilization Unit) should check with the Command Staff (Liaison Officer) to determine any agency needs related to demobilization and release; if any, add to line Number 11.

DEMOBILIZATION CHECKOUT

ICS-221

1. INCIDENT NAME/NUMBER	2. DATE/TIME	3. DEMOB NO.
4. UNIT/PERSONNEL RELEASED		
5. TRANSPORTATION TYPE/NO.		
6. ACTUAL RELEASE DATE/TIME	7. MANIFEST YES NO NUMBER _____	
8. DESTINATION _____	9. AREA/AGENCY/REGION NOTIFIED NAME _____ DATE _____	
10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING		
11. UNIT/PERSONNEL YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT TO SIGNOFF FROM THE FOLLOWING: (DEMOB. UNIT LEADER CHECK <input type="checkbox"/> APPROPRIATE BOX)		
<u>LOGISTICS SECTION</u>		
<input type="checkbox"/> SUPPLY UNIT _____		
<input type="checkbox"/> COMMUNICATIONS UNIT _____		
<input type="checkbox"/> FACILITIES UNIT _____		
<input type="checkbox"/> GROUND SUPPORT UNIT LEADER _____		
<u>PLANNING SECTION</u>		
<input type="checkbox"/> DOCUMENTATION UNIT _____		
<u>FINANCE/ADMINISTRATION SECTION</u>		
<input type="checkbox"/> TIME UNIT _____		
<u>OTHER</u>		
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		
12. REMARKS _____ _____		
221	ICS	1/83

**INSTRUCTIONS FOR COMPLETING THE DEMOBILIZATION CHECK
(ICS FORM 221)**

Prior to actual demobilization, Planning Section (Demobilization Unit) should check with the Command Staff (Liaison Officer) to determine any agency-specific needs related to demobilization and release. If any, add to line Number 11.

Item Number	Item Title	Instructions
1.	Incident Name/No.	Print Name and/or Number of incident.
2.	Date/Time	Enter Date and Time prepared.
3.	Demob No.	Enter Agency Request Number, Order Number, or Agency Demobilization Number if applicable.
4.	Unit/Personnel Released	Enter appropriate vehicle or Strike Team/Task Force I.D. Number(s) and Leader's name or individual overhead or staff personnel being released.
5.	Transportation Type/No.	Method and vehicle I.D. Number for transportation back to home unit. Enter N/A if own transportation is provided. *Additional specific details should be included in Remarks, block #12.
6.	Actual Release Date/Time	To be completed at conclusion of demobilization at time of actual release from incident. Would normally be last item of form to be completed.
7.	Manifest	Mark appropriate box. If yes, enter manifest number. Some agencies require a manifest for air travel.
8.	Destination	Location to which Unit or personnel have been released, i.e., Area, Region, Home base, Airport, Mobilization Center, etc.
9.	Area/Agency/Region Notified	Identify Area, Agency, or Region notified and enter date and time of notification.
10.	Unit Leader Responsible for Collecting Performance Ratings	Self-explanatory. Note, not all agencies require these ratings.
11.	Unit/Personnel	Demobilization Unit Leader will identify with a check in the box to the left of those units requiring check-out. Identified Unit Leaders are to initial to the right to indicate release. Blank boxes are provided for any additional check (unit requirements as needed), i.e., Safety Officer, Agency Representative, etc.
12.	Remarks	Any additional Information pertaining to demobilization or release.

* GPO 1985-0-593-005/14032

Instructions for Completing the Demobilization Checkout (ICS Form 221).

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1.	Incident Name/No.	Print the name and/or number assigned to the incident.
2.	Date/Time	Enter date and time prepared.
3.	Demob No.	Enter Agency Request Number, Order Number, or Agency Demob Number if applicable.
4.	Unit/Personnel Released	Enter appropriate vehicle or Strike Team/Task Force ID. Number(s) and Leader's name or individual overhead or staff personnel being released.
5.	Transportation Type/No.	Method and vehicle ID. Number for transportation back to home unit. Enter N/A if own transportation is provided. *Additional specific details should be included in Remarks, block #12.
6.	Actual Release Date/Time	To be completed at conclusion of demobilization at time of actual release from incident. Would normally be last item of form to be completed.
7.	Manifest	Mark appropriate box. If yes, enter manifest number. Some agencies require a manifest for air travel.
8.	Destination	Location to which Unit or personnel have been released, i.e., Area, Region, Home base, Airport, Mobilization Center, etc.
9.	Area/Agency/Region Notified	Identify Area, Agency, or Region notified and enter date and time of notification.
10.	Unit Leader Responsible for Collecting Performance Ratings	Self-explanatory. Note, not all agencies require these ratings.
11.	Unit/Personnel	Demobilization Unit Leader will identify with a check in the box to the left of those units requiring check-out. Identified Unit Leaders are to initial to the right to indicate release.
		Blank boxes are provided for any additional check (unit requirements as needed), i.e., Safety Officer, Agency Representative, etc.
12.	Remarks	Any additional information pertaining to demobilization or release.